## **BOROUGH OF RUMSON**

## MONMOUTH COUNTY

80 EAST RIVER ROAD RUMSON, NJ 07760

Return By: For Payment On:

January 20<sup>th</sup> February 5<sup>th</sup>

March 20<sup>th</sup> April 5<sup>th</sup>

April 20<sup>th</sup> May 5<sup>th</sup>

July 20<sup>th</sup> August 5<sup>th</sup>

September 20<sup>th</sup> October 5<sup>th</sup>

November 5<sup>th</sup>

OFFICE OF THE TAX COLLECTOR Helen L Graves, CMFO/CTC 732-842-1170 Phone 732-219-0714 Fax

## DIRECT ACCOUNT DEBIT AUTHORIZATION FOR AUTOMATIC TAX AND/OR SEWER PAYMENTS

TAX/SEWER ACCOUNT INFORMATION					
Name:					
Property Address:					
Block	Lot			Qualifier	
Sewer Account Number					
Mailing Address:					
City		State		Zip Code	
Daytime Phone Number		Alt. Phone Nu		ımber:	
E-mail Address:			,		
BANKING ACCOUNT INFORMATION					
Routing (ABA) Number:					
<b>Bank Account Number:</b>					
Bank Account Type:		☐ Checking			avings
For account verification purposes, kindly attach a voided check. To Direct Debit from a savings account, attach a note from your bank listing the account and routing (ABA) numbers.					
DIRECT DEBIT AUTHORIZATION					
I hereby authorize the Borough of Rumson to debit my checking or savings account each collection					
period for the Municipal Charges I have indicated below.					
<u>Taxes</u> : February, May, August and November <u>Sewer</u> : April and October					
I understand that these charges will continue being deducted automatically from my checking or savings account until I make written request for the Borough of Rumson to discontinue the direct debit.					
Please Check:	/lunicipa	al Taxes 🔲	Sewer Utility Char	ges 🗆	Both Tax and Sewer
Signature:				Date:	
Print Name:					

FOR NEW ENROLLMENTS OR CHANGES IN EXISTING ENROLLMENTS ONLY!
Complete this form and mail to the above address. Your account will be pre-noted to verify account accuracy prior to the first actual debit to your account for municipal charges.

Contact the Tax Office at 732-842-1170 to verify when Direct Withdrawal will begin.